

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) MARGI-0044								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____. Signature _____ Typed or printed name _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Carlo GHISALBERTI</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/535,243</td> <td style="padding: 5px;">Filed December 20, 2005</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For HYDROXYPYRIDINONES FOR THE LOCAL TREATMENT OF SKIN MICROCIRCULATORY DISORDERS</td> </tr> <tr> <td style="padding: 5px;">Art Unit 1618</td> <td style="padding: 5px;">Examiner Nissa M. Westerberg</td> </tr> </table>		In re Application of Carlo GHISALBERTI		Application Number 10/535,243	Filed December 20, 2005	For HYDROXYPYRIDINONES FOR THE LOCAL TREATMENT OF SKIN MICROCIRCULATORY DISORDERS		Art Unit 1618	Examiner Nissa M. Westerberg
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.										
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>540.00</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: </div> <div style="text-align: right;">\$ <u>270.00</u></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card via EFS. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3402</u>. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </div>										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
I am the _____ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. </div> <div style="text-align: right;"> <u>/Jennifer J. Branigan/</u> Signature <u>Jennifer J. Branigan</u> </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>40,921</u>. </div> <div style="text-align: right;"> Typed or printed name <u>(703) 243-5333</u> Telephone number <u>April 20, 2010</u> Date </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34, _____ </div> </div>										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
<input type="checkbox"/> *Total of _____ forms are submitted.										